

PABST PATENT GROUP



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TELEFAX

Date:	December 12, 2008	Total pages:	4 (w/cover page)
To:	USPTO	Telephone:	Telephone: 571-273-8300
From:	Patrea L. Pabst	Telephone:	404-879-2151
Our Docket No.	MBX 039	Client/Matter No.	404-879-2160
Your Docket No.			077832/00074

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appellants: Frank A. Skraly and Martha Sholl

Serial No.: 09/909,574 Art Unit: 1652

Filed: July 20, 2001 Examiner: Yong D. Pak

For: *PRODUCTION OF POLYHYDROXYALKANOATES FROM POLYOLS*

Attached:

Notice of Hearing

Transmittal Form PTO/SB/21

Fee Transmittal PTO/SB/17



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

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PATREA L. PABST
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 1201 PEACHTREE STREET
 ATLANTA, GA 30361

Appeal No: 2008-4223
 Appellant: Frank A. Skraly, Martha Sholl et al.
 Application No: 09/909,574
 Hearing Room: A
 Hearing Docket: B
 Hearing Date: Thursday, January 15, 2009
 Hearing Time: 01:00 PM
 Location: Madison Building - East Wing
 600 Dulany Street, 9th Floor
 Alexandria, Virginia 22313-1450

NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

USPTO Central Fax No: (571) 273-8300

BPAI Mailing Address: Board of Patent Appeals and Interferences
 United States Patent and Trademark Office
 P.O. BOX 1450
 Alexandria, Virginia 22313-1450

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: HEARING ATTENDANCE CONFIRMED HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: Dr. Oliver Peoples

For information on visitor access to hearing rooms and security procedures at the USPTO Alexandria Campus, see
http://www.uspto.gov/web/offices/lc/accmstl/visitor.html#bpaai_contacts

Dec. 12, 2008 10:49AM

No. 2911 P. 3

PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/909,574
Filing Date	July 20, 2001
First Named Inventor	Frank A. Skraly
Examiner Name	Yong D. Pak
Art Unit	1652
Attorney Docket No.	MBX 039

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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 503129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		210	105
Multiple dependent claims		370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		31,284	404-879-2151
Name (Print/Type)	Patrete L. Pabst		Date December 12, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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No. 2911 P. 4

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

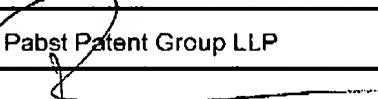
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/800,574
Filing Date	July 20, 2001
First Named Inventor	Frank A. Skraly
Art Unit	Yong D. Pak
Examiner Name	1652
Attorney Docket Number	MBX 039

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Hearing
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	December 12, 2008	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Claudia Lorenz	Date	December 12, 2008

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